

The Therapeutic Alliance in Mental and Health Care Multicultural Services

Introduction


Therapist multicultural competency (TMC) is becoming an essential subject when referring to therapeutic alliance (TA). Our first representation of this concept may make us think that therapists need to be experts in the cultural knowledge of the patients' country of origin in order to establish a good relationship with them. But what (TMC) mostly refers to is the therapists' self-awareness and sensitivity to how cultural backgrounds and experiences influence human values and beliefs (Fuentes, et al., 2006). Indeed, the measurement of the TA implies the creation of tools appropriate to a bilingual and multicultural setting, considering the presence of an interpreter as a communication bridge between two different worlds.

Objective


This research study, which is currently in progress, focuses on studying the therapeutic alliance in a multicultural setting composed of Hispanic-American patients who are assisted with an interpreter (triad) or without an interpreter (dyad) by different health care professionals in Lausanne.

Method

Sample

The patients are represented by Hispanic American immigrants from all ages who seek psychiatric/psychological, medical or social services in Lausanne's health care system. In total, 55 patients of the 6  different institutions in Lausanne participated in this particular phase of the study. The majority of them are female.

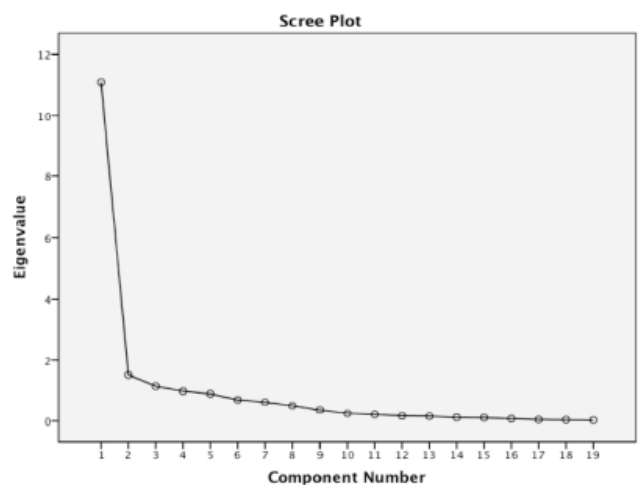
Instrument

There are TA tools (ex: the WAI) that have been validated and used worldwide. However, they are not adapted to a multicultural setting that takes into account the presence of an interpreter. For this reason, in the mixed methodology of this study, the QALM-PS  was used as the quantitative instrument to measure the TA with Hispanic American Patients.

Results


- ① **Is the TA stronger in a dyadic or triadic setting?** Opposite to what was expected, (TA) strength between the therapist and the patient is about the same in a dyadic setting (in the absence of an interpreter) than in a triadic setting (in the presence of an interpreter).
- ② **What are the factors (dimensions) with the highest degree of influence on the TA strength and variability?** A priori, there existed 4 dimensions that were considered to be part of the questionnaire: *Nurturing, Relationship, Security and Assistance* (Boss-Prieto, et al., 2010). However, a Principal Component Analysis indicates that 58% of the variance is explained by the first factor suggesting to keep only one dimension (Graphic 1).
- ③ **Is the TA strength linked to change?** Yes, change is correlated with therapeutic alliance ($r_s = 0.73$, $P < 0.05$). It means that the stronger the therapeutic alliance is the more change (or evolution) will be observed during the treatment which corroborates the literature (Gaston, 1990; Horvath & Bedi, 2002; Luborsky, 2000; Martin, et al., 2000).


Graphic 1. Principal Component Analysis



Conclusions

Even though results concerning the dyadic and triadic TA are not significantly relevant due to limitations of the sample size and an apparent effect of desirability, the QALM-PS is an instrument adequate to be used in a multicultural setting. It evaluates the TA by taking into the account the presence of an interpreter and certain factors related to the migration context of the patient. While this questionnaire is a potential valuable instrument in the health field with patients of different backgrounds, the results of this phase of the study show the need and importance of a complementary approach (quantitative/qualitative) in psychology research.

 Institutions in Lausanne that collaborate with this project: Association Appartenances, PMU (Policlinique Médicale Universitaire), HEL (L'hôpital de l'enfance), L'association Point d'eau, PRO FAmille, DGO-CHUV (Département de Gynécologie Obstétrique).

 QALM-PS: This questionnaire is an adaptation of the QALM version 1.0. (2007) © De Roten Y, Madera A, Boss-Prieto O.L, & Elghezouani A. Institut Universitaire de Psychothérapie, Association Appartenances et Université de Lausanne. While the QALM-PS is intended to the evaluation of the TA in all type of encounter (medical, social, or psychological) with a health professional, the QALM version 1.0 was designed to measure the TA only in a psychological setting. The QALM-PS is a self-administered questionnaire, which questions were pretested but were not validated.